

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JUN 11 1998

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

C A D 9 8 1 4 3 0 4 6 5

II. Name of Installation (Include company and specific site name)

P o r t o f O a k l a n d

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 M a r k e t S t r e e t

Street (Continued)

City or Town

O a k l a n d

State

C A

Zip Code

9 4 6 0 7 -

County Code

County Name

A l a m e d a

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

5 3 0 W a t e r S t r e e t

City or Town

O a k l a n d

State

C A

Zip Code

9 4 6 0 7 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

H e r m a n

(First)

D o u g l a s

Job Title

E n v i r o n m e n t a l S c i e n t i s t

Phone Number (Area Code and Number)

5 1 0 - 2 7 2 - 1 1 8 4

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P o r t o f O a k l a n d

Street, P.O. Box, or Route Number

5 3 0 W a t e r S t r e e t

City or Town

O a k l a n d

State

C A

Zip Code

9 4 6 0 7 -

Phone Number (Area Code and Number)

5 1 0 - 2 7 2 - 1 1 0 0

B. Land Type

M

C. Owner Type

M

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

VS
8/24/99OK
SISI
6/11/98
de

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ X D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Douglas P. Herman

Name and Official Title (Type or print)

Douglas P. Herman Env. Scientist

Date Signed

6-10-98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JUN 18 1998

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

C A D 9 8 1 4 3 0 4 6 5

II. Name of Installation (Include company and specific site name)

P o r t o f O a k l a n d

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 M a r k e t S t r e e t

Street (Continued)

City or Town

O a k l a n d

State

C A

Zip Code

9 4 6 0 7 -

County Code

County Name

A l a m e d a

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

5 3 0 W a t e r S t r e e t

City or Town

O a k l a n d

State

C A

Zip Code

9 4 6 0 7 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

H e r m a n

(First)

D o u g l a s

Job Title

E n v i r o n m e n t a l S c i e n t i s t

Phone Number (Area Code and Number)

5 1 0 - 2 7 2 - 1 1 8 4

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

P o r t o f O a k l a n d

Street, P.O. Box, or Route Number

5 3 0 W a t e r S t r e e t

City or Town

O a k l a n d

State

C A

Zip Code

9 4 6 0 7 -

Phone Number (Area Code and Number)

5 1 0 - 2 7 2 - 1 1 0 0

B. Land Type

M

C. Owner Type

M

D. Change of Owner
Indicator

Yes

No

(Date Changed)

Month

Day

Year

VS
8/24/98
OK
St
✓
6/23
6/14/98
+50

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ X D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

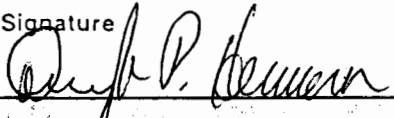
1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) Douglas Hermann, Env. Scientist	Date Signed 6-16-98
--	--	------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

BASELINE
ENVIRONMENTAL CONSULTING
TRANSMITTAL

TO: U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street
(WST-6/Tetra Tech)
San Francisco, CA 94105
Attn: Shimon Israel

Date: 17 June 1998

Project No.: S590-J0

SUBJECT: US EPA ID # Subsequent Notification

ENCLOSED:

No. of copies	Description:
1	US EPA # Subsequent Notification


COMMENTS:

As we discussed on 6/15/98, enclosed is a subsequent notification for US EPA ID # CAD981430465 modifying the site from LQG to SQG.

Disposition:

<input checked="" type="checkbox"/>	As requested
<input type="checkbox"/>	For signature
<input type="checkbox"/>	For review and comment
<input type="checkbox"/>	Returned after loan to us
<input type="checkbox"/>	Other

TRANSMITTED BY:



Rhodora Del Rosario

Via:

<input checked="" type="checkbox"/>	Mail
<input type="checkbox"/>	Overnight
<input type="checkbox"/>	UPS ground
<input type="checkbox"/>	Courier

08/04 12:05

[illegible]

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

5. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49			50			51			52			53			54		

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(0001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(0003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

Signature D. Wahl

DOUG WATKINS/MANAGER

8/5/80

23

RECORD OF
COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

JOHN CRIMP

FROM:

DATE

11-9-88

TIME

SUBJECT

SUMMARY OF COMMUNICATION

CAD 981 430 465 - NO LONGER DOING BUSINESS

CAD 981 652 399 - BEING USED

VSQA

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO: